PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

								IALMED.0100					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL E	NTITY	OR		THAN ENTITY	
TOTAL CLAIMS			66					RATE	FEE]	RATE	FEE	
FOR			NUMBER	FILED	NUMBER EXTRA			BASIC FE	385.00	OR	BASIC FEE	770.00	
T	OTAL CHARGE	ABLE CLAIMS	66 mi	nus 20=	. 46			X\$ 9=	414	OR	X\$18=		
IN	DEPENDENT C	LAIMS	5 minus 3 = *2					X43=	86	OR	. X86=		
М	JLTIPLE DEPE	NDENT CLAIM P	RESENT					+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	885		TOTAL		
CLAIMS AS AMENDED - PART II								OTHER THAN					
		(Column 1)	(Column 2)			(Column 3)		SMALL	ENTITY	OR	SMALL		
AMENDMENT A	8/24/105	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 66	Minus	# 6	6			X\$ 9=	-	OR	X\$18=		
	Independent	* 5	Minus	***	CLAIM			X43=		OR	X86=		
		IRST PRESENTATION OF MULTIPLE I		PENDENT CLAIM				+145=	<u>.</u>	OR	+290=	. نسب	
		•		·			_	TOTAL	:	OR	TOTAL ADDIT. FEE		
		(Column 1)		:`	_								
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	##		=		X\$ 9=		OR	X\$18=		
	Independent	* NTATION OF ML	Minus	***	01.4134			X43= ,		OR	X86=		
_	FIRST FRESE	INTATION OF ME	ICTIFLE DEF	ENDENI	CLAIM		۱ [+145=	·	OR	+290 <u>÷</u>		
								TOTAL		OR	TOTAL		
ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMB PREVIO PAID F	ST ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total ·	*	Minus	##		-		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	T	X43=			X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-			OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ** OR +290= ** TOTAL OR ADDIT SEE													
***	I the "Highest Nur	mber Previously Pa ber Previously Paid	id For IN THE	S SPACE is	less than	3, enter "3."		ODIT. FEE L			ODIT. FEE L IMN 1.		